



Related MLN Matters Article #: MM5628 **Revised**

Date Posted: December 3, 2007

Related CR #: 5628

### *Addition to Medicare Telehealth Services - JA5628*

**Note:** This Job Aid was revised on January 7, 2010, to note that important new information, regarding the use of Current Procedural Terminology (CPT) codes 99241-99245 and 99251-99255, is available at <http://cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf> on the CMS website.

### Key Words

MM5628, CR5628, R1277CP, R74BP, Telehealth, Neurobehavioral

### Provider Types Affected

Physicians, practitioners and providers submitting claims to Medicare Carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs) for telehealth services provided to Medicare beneficiaries

### Key Points

- The effective date of the instruction is January 1, 2008.
- The implementation date is January 7, 2008.
- The Centers for Medicare & Medicare Services (CMS) announced in Change Request (CR) 5628 that the neurobehavioral status exam (Healthcare Common Procedure Coding System (HCPCS) code 96116) has been added to the list of Medicare telehealth services (see the final rule for the calendar year 2008 physician fee schedule (CMS-1385-FC) at <http://www.cms.hhs.gov/PhysicianFeeSched/downloads/CMS-1385-FC.pdf> on the CMS website.
- Previously, CMS determined that if the eligibility criteria and conditions of payment are satisfied, the use of a telecommunications system may substitute for a face-to-face, "hands on", encounter for consultation, office visits, individual psychotherapy, pharmacologic management, psychiatric diagnostic interview examination, end stage renal disease related services, and individual medical nutrition therapy.
- CR5628 added neurobehavioral status exam to the list of telehealth services.
- The Medicare telehealth services and associated CPT/HCPCS codes are listed below.

- Consultations (CPT codes 99241 - 99275) - Effective October 1, 2001 – December 31, 2005;
- Consultations (CPT codes 99241 - 99255) - Effective January 1, 2006;
- Office or other outpatient visits (CPT codes 99201 - 99215);
- Individual psychotherapy (CPT codes 90804 - 90809);
- Pharmacologic management (CPT code 90862);
- Psychiatric diagnostic interview examination (CPT code 90801) – Effective March 1, 2003;
- End stage renal disease related services (HCPCS codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318) – Effective January 1, 2005;
- Individual medical nutrition therapy (HCPCS codes G0270, 97802, and 97803) - Effective January 1, 2006; and
- **Neurobehavioral status exam (HCPCS code 96116) - Effective January 1, 2008.**
- In addition, effective January 1, 2008, the following modifiers are valid when billed with HCPCS code 96116:

**Modifier      Descriptor**

GT              Via interactive audio and video telecommunications system

GQ              Via asynchronous telecommunications system.

**Eligibility Criteria for Medicare Telehealth Services**

- The expansion to the list of Medicare telehealth services does not change the eligibility criteria, conditions of payment, payment or billing methodology applicable to Medicare telehealth services as set forth in the *Medicare Benefit Policy Manual* (Publication 100-02, Chapter 15, Section 270) and the *Medicare Claims Processing Manual* (Publication 100-04, Chapter 12, Section 190).
- For example, originating sites must be located in either a non- Metropolitan Statistical Area county or rural Health Professional Shortage Area and must be one of the following:
  - Physician's or practitioner's office,
  - Hospital,
  - Critical access hospital (CAH),
  - Rural health clinic, or
  - Federally qualified health center.
- In addition, an interactive audio and video telecommunications system must be used permitting real-time communication between the distant site physician or practitioner and the Medicare beneficiary.
- As a condition of payment, the patient must be present and participating in the telehealth visit.
- The only exception to the interactive telecommunications requirement is in the case of federal telemedicine demonstration programs conducted in Alaska or Hawaii. In this circumstance, Medicare payment is permitted for telehealth services when asynchronous store and forward technology is used.

### Summary for CR5628

- In summary, effective January 1, 2008, CR5628 instructs that:
  - Local Part B carriers and or A/B MACs will pay for HCPCS code 96116 according to the appropriate physician or practitioner fee schedule amount when submitted with a GT or GQ modifier, and
  - Local FIs and or A/B MACs will pay for HCPCS code 96116 when submitted with a GT or GQ modifier, by CAHs that have elected Method II payment on Type of Bill 85x.

### Important Links

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5628.pdf> on the CMS website.

The official instructions (CR5628) issued regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1277CP.pdf> and <http://www.cms.hhs.gov/Transmittals/downloads/R74BP.pdf> on the CMS website.

For more information on telehealth services, providers may visit [http://www.cms.hhs.gov/Telehealth/01\\_Overview.asp#TopOfPage](http://www.cms.hhs.gov/Telehealth/01_Overview.asp#TopOfPage) on the CMS website.